



Workers' Compensation Surcharge Quarterly Remittal Form

Workers' Compensation Regulation Bureau
Phone: (406) 444-1555 or (406) 444-6532 Fax: (406) 444-7710

INSTRUCTIONS: REPRODUCE THIS FORM AS NEEDED

Each Plan 2 Insurer and Plan 3, the State Fund, shall remit to the department all earned premium surcharges collected during a calendar quarter by not later than 20 days following the end of the quarter.

The rates effective **July 1, 2014 (FY2015)** are as follows: Administration Fund Surcharge Rate: **\$0.018369**
SAW/RTW Surcharge Rate: **\$0.000000** SIF Surcharge Rate: **\$0.004597**

Remit Payment to: Fiscal Support Bureau, PO Box 1728, Helena, MT 59624
Fiscal Support Bureau, 1315 E. Lockey, Helena, MT 59601

Insurer Name _____ **DLI#** _____

Surcharge Contact Name _____

Surcharge Address _____

Surcharge E-Mail Address _____

Please complete the following:

Premium Amount Assessed Against: _____ Quarter Ending Date: _____

Administration Fund Surcharge _____

SAW/RTW Surcharge _____

Subsequent Injury Fund (SIF) Surcharge _____

Total Remittance (Do not submit payment under \$5-Submit form only) _____

Quarter Ending Date:	Sept 30 (07/1 - 09/30)	Dec 31 (10/1 - 12/31)	Mar 31 (01/01 - 03/31)	Jun 30 (04/1 - 06/30)
REMIT BY:	20-Oct	20-Jan	20-Apr	20-Jul

Penalty and Interest will be billed, under separate cover, for payments received after the date.

Late Penalty for Admin Surcharge is \$500.00

Late Penalty for SIF Surcharge is \$100.00

Interest rate of 12% per year will be applied to late payment amounts

Contact Person Printed Name & Signature **Phone** **Ext**

Employment Relations Division, PO Box 8011, Helena, MT 59604-8011

Form and prior years rates can be found on our website: <http://erd.dli.mt.gov/workers-comp-regulations/insurance-compliance/workcomp-surcharges.html>

Surcharge form revised 04/2014